

TRAVEL EXPENSE CLAIM

-CIVILCODE SECTION 1798.17

STD. 262 (Rev 6/93) DMH-001

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CLAIMANT'S NAME Stephen W. Mayberg			SSN OR EMPLOYEE NUMBER* 461-500-1641-001			DEPARTMENT Mental Health				
POSITION Director		CBID E99		DIVISION OF BUREAU Director's Office			INDEX NUMBER 461-500			
RESIDENCE ADDRESS* on file				HEADQUARTERS ADDRESS 1600 Ninth Street				TELEPHONE NUMBER 654-2309		
CITY Sacramento		STATE CA		ZIP CODE 95814						

(1) MNTH/YR May 2009		(3) LOCATION	(4) LOGGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T.,L/T, N/C,RELO, OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES	AMOUNT		
DATE	TIME	WHERE EXPENSES WERE INCURRED												
5/7	0730 1700	San Francisco return							pc	4.00 15.00	198	108.90		127.90
5/8 5/9	0645 1915	Los Angeles return						*277.2	pc/ca	9.00	45	24.75		310.95
5/11	0700 1730	San Diego return						*327.2 80.00	pc/ca cab	9.00	45	24.75		440.95
5/20 5/21	0545 0030	Los Angeles return		6.00				*281.2	pc/ca	9.00	45	24.75		320.95
5/22	0720 1745	Los Angeles return						*291.2	pc/ca	9.00	45	24.75		324.95
				6.00				1256.80		55.00		207.90		1525.70
COL CODE (Acctg Use Only)														

CLAIM TOTAL**(Less Direct Costs) Reimbursement Request:****622.4**

(11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)

5/7 Director to attend the meeting of the Administrative Office of the Courts Task Force for Criminal Justice Collaboration on Mental Health in San Francisco.
5/8- Director to attend Erasing the Stigma Leadership Awards in Los Angeles.
5/11- Director to participate in the Mental Health and Smoking Cessation Executive Meeting in San Diego.
5/20- Director to preside at Metropolitan State Hospital Governing Body meeting and to participate at the Shelter Partnership's 20th Annual Dinner.
5/22- Director to participate at the Governor's press conference announcing the launch of the Network of Care Veterans Web Site in Los Angeles.

*** Direct costs**(12) Normal Work Hours
8:00 a.m. to 5:00 p.m.(13) Pvt Vehicle License #
On File

(14) Mileage Rate Claimed

0.55

ONLY
Paid by Revolving Check Number

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with existing agreements and Department of Personnel Administration regulations, in the service of the State of California and that all items shown were for the official business of the State of California, and if a privately-owned vehicle was used, I have met the requirements as prescribed by S.A.M. Sections 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE